

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. BAH-25-337

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* U.S. Department of Health and Human Services  
was received by me on *(date)* 02/07/2025.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or


☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: Certified U.S. Mail, Postage Prepaid, Return Receipt Requested  
Delivered on 2/12/2025

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 03/05/2025

  
\_\_\_\_\_  
*Server's signature*

Kenyon North, Jr. Paralegal

*Printed name and title*

Jenner & Block LLP  
1099 New York Ave., NW, Ste. 900  
Washington, D.C. 20001

*Server's address*

Additional information regarding attempted service, etc:

7016 1830 0002 1706 6378

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
200 Independence Ave. SW  
Washington, DC 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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WASHINGTON, DC 20201

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